

Independent Review Board

STATE OF WISCONSIN

MINUTES OF THE MEETING OF SEPTEMBER 26, 2003

Attendance

Board Members: Chair Dr. Jay Gold; Vice-Chair Dr. Paul Millea; Jerry Popowski; and Dr. David Zimmerman. Absent: Eileen Mallow.

BHI Staff: John Chapin, Director; Judith Nugent, Chief, Person-Level Data and Analysis Section; Wen-Jan Tuan; and David Woldseth.

Others Present: Cindy Helstad, Wisconsin Medical Society; and Mark Moody, Administrator, Division of Health Care Financing.

Call to Order

Dr. Jay Gold called the meeting to order at 10:04 a.m. A quorum was deemed present.

Minutes of the July 18, 2003 meeting

Dr. Gold referred Board members to the minutes of the July 18, 2003, meeting. There were no comments or questions. Dr. Zimmerman moved to approve the minutes, and the motion was seconded. Board members voted unanimously for approval.

Physician Office Visit (POV) data collection project update

Judith Nugent reported that data quality has improved with each quarter. Doctors affirm their data either through signature or through notarized delegation. Once affirmed, the data can be released. She anticipates release of the data in mid-October.

Early users have requested the physician license number as a data element. The IRB can approve that release if they like; the Department can overrule if it likes. DHFS can use dummy numbers rather than actual license numbers if the Department wants to assure that physicians are not identifiable. One possibility would be to use alphanumeric dummy numbers. IRB members felt that the Department should take the most conservative approach possible for the time being.

Ms. Nugent stated that the early requestors of the data have been people in market research. She is preparing a talk about POV data for the October 7 Board on Health Care Information meeting. The IRB agreed that policies for POV data requests should be a future agenda item.

Available risk adjustment strategies

Mark Moody talked about how the IRB has been put into an awkward position over risk adjustment. The Legislature has called upon IRB to develop a protocol for a process that may not be too cost-effective. The effort has raised the possibility of spending money for something that may not work or be generalizable or applicable elsewhere. Furthermore, money for this project has been neither appropriated nor allocated. Mr. Moody urged the IRB to adopt a resolution which states risk adjustment may not be feasible.

Dr. Gold pointed out the IRB is a creature of legislation. IRB has been given a job to do both in statute and in administrative rule. Mr. Moody suggested that IRB tell the Legislature that risk adjustment should not be done for the reasons that have been detailed. A report could be issued to the Board on Health Care Information, the Secretary, or the Legislature that states that the request is

simply not reasonable or advisable. It could be done in such a way that it does not criticize the Legislature; it simply asks for a re-consideration.

Dr. David Zimmerman stated that the IRB should not pursue a formal, standardized risk adjustment strategy at this time but rather should pursue risk adjustment on a case-by-case basis. For technological and research reasons, the current situation is a difficult one. Dr. Zimmerman further stated that, even if DHFS wished to do this, they may not have the necessary resources to do so, and that could be a serious, possibly fatal, limitation in the use of POV data. He recommends that they delay any action until the IRB can see the requests it receives. Dr. Zimmerman spoke of serious biases in the data, and Dr. Millea talked about referral bias as being one of them. Still, Dr. Zimmerman stated that the data is moving closer to being available, and that is the direction. So, now, it is a question of how to proceed.

Framework and plan for the IRB to receive requests

Ms. Nugent and her staff arrived at early suggestions but have not formulated a written plan. The process requires three components: the customer; DHFS; and the IRB. The customer would file a written request and pay a fee. Then, a folder would be created to give to the IRB. The cover sheet would include a checklist and a description of how the data request would be filled. Then, it would be built into the database. If the IRB chooses not to grant the request, staff will send letters to customers explaining why the request was not approved. Ms. Nugent told IRB the process was still rather rough, but IRB liked the early ideas. Dr. Zimmerman made a motion to approve the framework and plan in principle. The motion was seconded and passed.

Dr. Zimmerman wondered whether DHFS asks if requests are part of litigation. Ms. Nugent responded that, although they do not ask, people usually tell. She also stated that the administrative rule has two parts: IRB must decide if it can be done, and DHFS must decide whether to comply or not. Dr. Millea brought up the need for future discussion on whether there are some requests that should not be honored.

John Chapin mentioned the need to keep Mark Moody informed throughout the process. This will especially matter when decisions are promulgated. Promulgation will need to be a future agenda item.

Dr. Gold asked whether DHFS staff could do a literature search to find out what information is available. Mr. Chapin stated that the information needed to be unambiguous and that having a legal opinion may also help. Dr. Zimmerman made a motion that staff should be directed to conduct such an investigation. The motion was seconded and passed.

Board on Health Care Information (BHCI)

Jerry Popowski reported that BHCI talked about the data transfer from DHFS to WHA at its last meeting. For the contract, BHCI will act in an advisory capacity to the Secretary of Health and Family Services; the contract itself is between the Department of Administration and the Wisconsin Hospital Association. Ron Dix, who chairs the BHCI, wants that Board to have an active partnership with the WHA. WHA plans to speed up collection and expand the data to include outpatient data. Mr. Popowski told IRB that some BHCI members have concerns about the cost of the data. Ms. Nugent informed IRB that WHA plans to start collecting outpatient data in 18 months, and Mr. Chapin stated that the contract would call for new conditions for release of the data. Dr. Zimmerman asked if BHCI had been involved in the contract process, and Mr. Popowski informed him that they had not.

Set the IRB meeting schedule for 2004

The committee reviewed the dates selected by staff for 2004. Dr. Zimmerman made a motion to approve the proposed schedule. After the motion was seconded, the IRB voted to approve the schedule for 2004. Dr. Zimmerman indicated he might be late for the November 21, 2003, meeting.

Update on state budget and implications

John Chapin told the IRB that the work of nine FTEs is going to WHA, but the budget required BHI to eliminate 18 FTE positions. After the first of the year, he will be able to give a fuller presentation of changes within the Bureau of Health Information. He also told the IRB that, in February, March, and April, DHFS puts together its budget request for the next biennium. If IRB has requests, they should let the Department know.

Dr. Millea asked whether IRB members needed to be re-appointed by Governor Doyle. Mr. Chapin reported that the requests for re-appointment were sent seven months ago. The Governor's office has been told about the expired terms. Board members traditionally continue to serve beyond the expiration of a term until there is a new appointment.

Potential items for upcoming IRB meeting

- Policies for POV data collection
- Should temporary hold on risk adjustment strategies be articulated to anyone?
- Framework and plan for IRB requests
- Framework for IRB decisions
- Should any IRB budgetary initiatives be pursued through DHFS?
- Report on Bureau of Health Information status (January meeting)

Next IRB meeting

The next meeting is scheduled for November 21, 2003, 10:00 a.m. to 12:00 p.m. at the State Office Building, One West Wilson Street, Conference Room 372, Madison, Wisconsin.

Adjournment

Dr. Gold adjourned the meeting at 12:01 p.m.

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